



Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Temporary ID Card Request to add eligibility form

If a MassHealth member presents a temporary ID card or letter verifying eligibility, please complete this form and fax it to ACS at 1-866-556-9313. All fields must be completed to process request.

Date

Pharmacy information

(Required to receive approval notification)

Pharmacy name	Provider number	Fax number
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MassHealth member information

Last name	First name	Date of birth (mmddyyyy)	Gender f m	SSN
Address		City	State	ZIP

Please fax to ACS at 1-866-556-9313.